

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90080 001 *3,123.75

DOCUMENT # C10180

1. Entity Name

BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SWD~~
 NAME **DAVIS, GENE A**
 STREET ADDRESS **25939 PINE CREST DRIVE**
 CITY-ST-ZIP **ROBERTSDALE AL 36567**

TITLE ~~WORSHIPFUL MASTER~~ (D) ☒ Change ☐ Addition
 NAME **Buford Earl Smith**
 STREET ADDRESS **1704 South "I" St**
 CITY-ST-ZIP **Pensacola FL 32501-5235**

TITLE ~~JWD~~
 NAME **SMITH, BUFORD E**
 STREET ADDRESS **704 SOUTH I STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501-5235**

TITLE ~~SENIOR WARDEN~~ (D) ☒ Change ☐ Addition
 NAME **William Alonzo Wimberly Jr**
 STREET ADDRESS **5616 Todd St**
 CITY-ST-ZIP **Pace FL 32571**

TITLE ~~WMD~~
 NAME **OWENS, CHARLES A JR**
 STREET ADDRESS **2733 KELZO ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ~~JUNIOR WARDEN~~ (D) ☒ Change ☐ Addition
 NAME **James Lewis Bryant**
 STREET ADDRESS **34 Whitehead Dr**
 CITY-ST-ZIP **Pensacola FL 32503**

TITLE ~~TD~~
 NAME **BRYANT, JAMES L**
 STREET ADDRESS **34 WHITEHEAD DR**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD~~
 NAME **TURLINGTON, ELWOOD T JR**
 STREET ADDRESS **6115 EAST SHORE DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elwood T. Turlington, Jr., Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01 **850-478-5250**

CR2E037 (10/00)